

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 047 \*\*\*\*61.25



|                                                                                                                      |         |                                                                                                          |         |
|----------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # N17459</b>                                                                                             |         |                                                                                                          |         |
| 1. Entity Name<br><b>REGENT PARK MASTER ASSOCIATION, INC.</b>                                                        |         |                                                                                                          |         |
| Principal Place of Business<br><b>BAYVIEW PROPERTY MGMT<br/>4600 ENTERPRISE AVE STE A<br/>NAPLES FL 34104<br/>US</b> |         | Mailing Address<br><b>BAYVIEW PROPERTY MGMT<br/>4600 ENTERPRISE AVE STE A<br/>NAPLES FL 34104<br/>US</b> |         |
| 2. Principal Place of Business                                                                                       |         | 3. Mailing Address                                                                                       |         |
| Suite, Apt. #, etc.                                                                                                  |         | Suite, Apt. #, etc.                                                                                      |         |
| City & State                                                                                                         |         | City & State                                                                                             |         |
| Zip                                                                                                                  | Country | Zip                                                                                                      | Country |



1st MOORE CR2E037 (10/05)

|                                                           |  |                                                        |  |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number<br><b>59-2756989</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |  |

|                                                                          |  |                                                    |  |
|--------------------------------------------------------------------------|--|----------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>                   |  | <b>7. Name and Address of New Registered Agent</b> |  |
| <b>WRIGHT, RUSSELL<br/>4600 ENTERPRISE AVE STE A<br/>NAPLES FL 33962</b> |  | Name                                               |  |
|                                                                          |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                          |  | City                                               |  |
|                                                                          |  | <b>FL</b> Zip Code                                 |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                                                     |                                                              |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                  |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BROOKINS, MARIE</b><br><b>10141 SAILFISH LANE</b><br><b>NAPLES FL 34109</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br><b>Carol Nathanson</b><br><b>3303 Erick Lake Drive #702</b><br><b>Naples, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>BOWEN, PAULINE</b><br><b>3364 ERICK LAKE DR</b><br><b>NAPLES FL 34109</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD</b><br><b>Bill Shade</b><br><b>10261 Regent Circle</b><br><b>Naples, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV</b><br><b>BRENNAN, MARK</b><br><b>10401 REGENT CIR</b><br><b>NAPLES FL 34109</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>WEBER, MOLLY</b><br><b>10620 REGENT CIR</b><br><b>NAPLES FL 34109</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SD</b><br><b>Cheryl MacPhee</b><br><b>10139 Sailfish Lane</b><br><b>Naples, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PARSONS, GERI</b><br><b>10148 REGENT CIR</b><br><b>NAPLES FL 34109</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Nick Miner</b><br><b>3322 Erick Lake Drive</b><br><b>Naples, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LIBERTI, ERNEST</b><br><b>10320 REGENT CIR</b><br><b>NAPLES FL 34109</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ *acting secretary*